



AMR OF WESTERN NY
PATIENT CARE REPORT

SUIUGAN, IOAN
DOB: 02/17/1961 (62 YEARS)
SEX: MALE
CASE #: 43478
DOS: 05/11/2023

SERVICE MODEL AGENCY AMR	DISPATCH INFORMATION	TIMES
FROM: 2950 ELMWOOD AV TONAWANDA, NY 14217 (MEDICAL - HOSPITAL) ROOM/DEPT: ER TO: BUFFALO MERCY HOSPITAL 565 ABBOTT ROAD BUFFALO, NY 14220 (HOSPITAL - NON-ED BED) ROOM/DEPT: HOSPITAL-ICU DESTINATION DECISION: CARDIAC SERVICES ARE NOT AVAILABLE	CALLER: KENMORE MERCY HOSPITAL COUNTY RUN NUMBER: 43478 ZONE: 129 UNIT: NFA1-550 RESPONSE MODE: NO LIGHTS AND SIREN TRANSPORT MODE: LIGHTS AND SIREN DISPOSITION: TRANSPORTED - HOSPITAL TO HOSPITAL NATURE OF CALL: NON-EMERGENT TRANS ALS - CARD/HEMO MONITORING FIRE INCIDENT NUMBER : 0065-A	CALL RECEIVED: 07:54:48 DISPATCHED: 07:56:32 ENROUTE: 07:57:27 AT SCENE: 08:30:50 AT PT SIDE: 08:36:00 TRANSPORT: 09:02:02 ARRIVAL: 09:22:36 CARE TRANS'D: 09:58:00 AVAILABLE: 10:10:16 SCENE MILES: 0.0 DESTINATION MILES: 15.0 TOTAL MILES: 15.0

PATIENT DEMOGRAPHICS	
NAME: SUIUGAN, IOAN ADDRESS: 23920 NAPIER ROAD CITY, STATE ZIP: NOVI, MI 48374 HOME PHONE: CELL PHONE: (284)759-0294 EMAIL: SSN: INSURANCE: NO INSURANCE AVAILABLE POLICY: GROUP: RESPONSIBLE PARTY: SUIUGAN, IOAN PHONE:	DOB: 02/17/1961 AGE: 62 YEARS SEX: MALE ETHNICITY: CAUCASIAN

NARRATIVE
NARRATIVE 62 YEAR OLD MALE WAS A POST CARDIAC ARREST PT WITH AN UNKNOWN DOWN TIME, WAS BROUGHT IN BY EMS. IS BEING TX TO BUFFALO MERCY HOSPITAL FOR ANGIOGRAM, AND HIGHER LEVEL OF CARDIAC CARE. PT IS ON A VENTILATOR, CARDIAC MONITOR, I.V. MEDS OF DOBUTAMINE 5MCG/KG/MIN (17.7ML/HR), AND NOREPINEPHRINE 0.4MCG/KG/HR (88.5ML/HR) PT IS SHEET LIFTED ONTO THE STRETCHER PORTABLE VENTILATOR IS ADMINISTERED. IS TX WITH AIRWAY, AND VITALE MONITORED WITH I.V. MEDS TO SOUTH BUFFALO MERCY HOSPITAL PT IS SHEET LIFTED ONTO BED 14 IN ICU DEPT. IS LEFT IN CARE OR ICU STAFF.

IMPRESSION
MEDICAL NECESSITY REASON FOR TRANSPORT: CARDIAC MONITORING UNDERLYING MEDICAL CONDITION: CARDIAC - ACUTE MI PRIMARY SYMPTOM: CARDIAC ARREST

MEDICAL HISTORY
HISTORY OBTAINED FROM: NOT OBTAINED MEDICAL HISTORY: UNABLE TO OBTAIN PMH ENVIRONMENTAL/FOOD ALLERGIES: NOT KNOWN MEDICATION ALLERGIES: NO KNOWN DRUG ALLERGIES MEDICATIONS: UNABLE TO OBTAIN

VITAL SIGNS												
TIME	BLOOD PRESSURE	PULSE	RESP	GLASGOW COMA SCALE				EKG	SPO2	ETCO2	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL					
08:46								NORMAL SINUS RHYTHM				
08:52									92%			
08:53	129 / 74 (92)	102	20	1	1	1	3		93%			
08:57										27		
09:02										29		

TIME	BLOOD PRESSURE	PULSE	RESP	GLASGOW COMA SCALE				EKG	SPO2	ETCO2	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL					
09:04									92%	28		
09:06	125 / 83 (97)	83	31	1	1	1	3		90%	27		
09:07									92%			
09:12									91%	26		
09:16										25		
09:17	144 / 72 (96)	84	34	1	1	1	3		93%	27		
09:20										26		
09:25									92%			
09:28	117 / 60 (79)	54	31	1	1	1	3		93%			
09:29									91%			

PHYSICAL FINDINGS

WEIGHT: 95.3 KG; 210 LBS

PHYSICAL ASSESSMENT

HEAD: SYMMETRICAL

NECK: NO JVD

CHEST: SYMMETRIC WITH BILATERAL CHEST RISE

ABDOMEN: SOFT, NON-TENDER

PELVIS: STABLE

BACK: SYMMETRIC

EXTREMITIES: FULLY INTACT, PURPOSEFUL MOVEMENT

TREATMENTS

PTA	TIME	CAREGIVER	PROCEDURE
		CATANESI, RAYMOND,AMR	FACILITY ACTIVATION - ACTIVATION TYPE: NO ALERT
08:37:00		CATANESI, RAYMOND,AMR	LEVEL OF CONSCIOUSNESS - RESPONDS TO (AVPU): UNRESPONSIVE; ORIENTED TO PERSON: NO; ORIENTED TO PLACE: NO; ORIENTED TO TIME: NO; ORIENTED TO EVENT: NO; NORMAL BASELINE FOR PATIENT: NO; COMBATIVE: NO; HALLUCINATIONS: NO; PHARMACOLOGICALLY SEDATED: NO; AGITATED: NO; SOMNOLENT: YES; COMMENTS: POST CARDIAC ARREST
08:44:00		CATANESI, RAYMOND,AMR	LUNG SOUNDS - UPPER RIGHT LUNG: CLEAR; UPPER LEFT LUNG: CLEAR; LOWER RIGHT LUNG: CLEAR; LOWER LEFT LUNG: CLEAR
08:46:00		CATANESI, RAYMOND,AMR	EKG/ECG - INDICATION: PROTOCOL/STANDING ORDER; TYPE: 3 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM
08:50:00		CATANESI, RAYMOND,AMR	PATIENT MOVE - TYPE: TO AMB: STRETCHER; COMMENTS: SHEET LIFTED ONTO THE STRETCHER
08:52:00		CATANESI, RAYMOND,AMR	PULSE OXIMETRY - 92% ON O2; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'CLOUD')
08:53:00		CATANESI, RAYMOND,AMR	PULSE OXIMETRY - 93% ON O2; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
08:53:00		CATANESI, RAYMOND,AMR	VITAL SIGNS - COMMENTS: NIBP (FROM LIFEPAK 'CLOUD') GLASGOW COMA SCALE - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: INTUBATED VITALS - BP: 129/74; PULSE: 102; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 20; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; MEAN ARTERIAL PRESSURE: 92
08:55:00		CATANESI, RAYMOND,AMR	VENTILATOR - INDICATION: PHYSICIAN'S ORDER; MODE: SIMV; CONTROL: VOLUME; VENTILATOR RESPIRATORY RATE: 22; PATIENT RESPIRATORY RATE: 22; TIDAL VOLUME: 480; PEEP INTERNALLY SET: YES; PEEP: 6; SENSITIVITY: 3
08:57:00		CATANESI, RAYMOND,AMR	CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 27; WAVEFORM RESULT: NORMAL; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'CLOUD')
09:02:00		CATANESI, RAYMOND,AMR	CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 29; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'CLOUD')
09:04:00		CATANESI, RAYMOND,AMR	PULSE OXIMETRY - 92% ON O2; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
09:04:00		CATANESI, RAYMOND,AMR	CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 28; WAVEFORM RESULT: NORMAL; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
09:06:00		CATANESI, RAYMOND,AMR	PULSE OXIMETRY - 90% ON O2; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
09:06:00		CATANESI, RAYMOND,AMR	CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 27; WAVEFORM RESULT: NORMAL; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
09:06:00		CATANESI, RAYMOND,AMR	VITAL SIGNS - COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')

PTA	TIME	CAREGIVER	PROCEDURE
			GLASGOW COMA SCALE - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: INTUBATED VITALS - BP: 125/83; PULSE: 83; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 31; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; MEAN ARTERIAL PRESSURE: 97
09:07:00	CATANESI, RAYMOND,AMR		PULSE OXIMETRY - 92% ON O2; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'CLOUD')
09:12:00	CATANESI, RAYMOND,AMR		PULSE OXIMETRY - 91% ON O2; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'CLOUD')
09:12:00	CATANESI, RAYMOND,AMR		CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 26; WAVEFORM RESULT: NORMAL; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'CLOUD')
09:16:00	CATANESI, RAYMOND,AMR		CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 25; WAVEFORM RESULT: NORMAL; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
09:17:00	CATANESI, RAYMOND,AMR		PULSE OXIMETRY - 93% ON O2; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
09:17:00	CATANESI, RAYMOND,AMR		CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 27; WAVEFORM RESULT: NORMAL; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
09:17:00	CATANESI, RAYMOND,AMR		VITAL SIGNS - COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
			GLASGOW COMA SCALE - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER VITALS - BP: 144/72; PULSE: 84; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 34; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; MEAN ARTERIAL PRESSURE: 96
09:20:00	CATANESI, RAYMOND,AMR		CAPNOMETRY/CAPNOGRAPHY - CO2 VALUE: 26; WAVEFORM RESULT: NORMAL; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'CLOUD')
09:25:00	CATANESI, RAYMOND,AMR		PULSE OXIMETRY - 92% ON O2; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'CLOUD')
09:28:00	CATANESI, RAYMOND,AMR		PULSE OXIMETRY - 93% ON O2; COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
09:28:00	CATANESI, RAYMOND,AMR		VITAL SIGNS - COMMENTS: NIBP (FROM LIFEPAK 'CLOUD')
			GLASGOW COMA SCALE - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: INTUBATED VITALS - BP: 117/60; PULSE: 54; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 31; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; MEAN ARTERIAL PRESSURE: 79
09:29:00	CATANESI, RAYMOND,AMR		PULSE OXIMETRY - 91% ON O2; COMMENTS: ALARM APNEA (FROM LIFEPAK 'CLOUD')
RUN COMPLETION			
PATIENT CONDITION UPON EMS ARRIVAL: EMERGENT (YELLOW) CONDITION OF PATIENT AT THE END OF EMS CARE: EMERGENT (YELLOW) PRIVACY PRACTICES: DUE TO THE PATIENT'S MEDICAL CONDITION, A PAPER VERSION OF THE NOTICE WAS LEFT AT THE HOSPITAL FOR THE PATIENT			
DELAY REASONS			
REASON OF RESPONSE DELAY: NONE REASON OF TRANSPORT DELAY: NONE/NO DELAY REASON OF TURNAROUND DELAY: NONE/NO DELAY REASON OF SCENE DELAY: NONE/NO DELAY			

PCR ID: 2023051109025516305

DEVICE: NYBUFMEDT001

PRINTED: 5/11/2023 10:46:43

Ioan Suiugan
62 y.o. male (DOB: 2/27/1961)

5/11/2023 0533
In Class Emergency
Service Emergency Medicine
Location Kenmore Mercy Hospital
Emergency ED18

Admitting Raymond Kelly, MD
Attending No ref. provider found
Referring No ref. provider found
Dx

Patient Demographics
PCP PCP Requires Assignment
Language Unknown
Phone 716-000-0000

23920 Napier Road
Novi, MI 48374

Emergency Contacts
Ioana Abdic (Daughter) - 248-759-0294
Vicki Boboc (Daughter) - 248-778-7799

Guarantor
SURUGAN, IOAN
Relation Self
Address 23920 NAPIER ROAD
Novi, MI 48374

Home 716-000-0000
Work
Mobile
Employed at (Unknown)

Coverages
- No Primary Coverage -
Subscriber
Relation
Sub ID #
Group #
- No Secondary Coverage -
Subscriber
Relation
Sub ID #
Group #

Medical Record # 43478, 147
Hospital Account # 000000000
Contact Person # 716-000-0000

Name:		Initial Rhythm	8:47:40 AM
ID:	051123084734		
Patient ID:			
Incident ID:			
Location:			
Age:	Sex:		
5/11/2023			

▼ Initial Rhythm



Booking Summary**Patient Information**

First Name	Ioan	MRN	286095347	Mailing Address	
Middle Name		MRN Source	Epic	Phone Number	7160000000
Last Name	Suiugan	Visit Number	70113861338	Guarantor	
Address	23920 NAPIER ROAD, NOVI, Michigan, 48374	Visit Number Source	Epic	Weight	260 lbs
Date of Birth	02/27/1961	Billing Address		Height	72 in
Gender	Male				

Payer Information

Payer	Private Ins	Primary Authorization Number		Additional Auth Number NPI	
Policy Number	1234567	Reference Number		Additional Group Number	
Group Number		Authorized By		Additional Authorization By	
Insurance Name	michigan	Additional Plan Name		Facility Pay Override	
Payer Address		Additional Policy Number		Facility Pay Override Reason	
Dual Coverage		Additional Authorization Number		Facility Pay Reason	N/A
Responsible	N/A				

Physician Information

Diagnosis	Cardiac Arrest	Referring Physician	
Discharging Physician	Raymond Kelly, MD	Admitting Physician	
Receiving Physician		Attending Physician	
Authorizing Physician		Discharging Physician NPI	
Consulting Physician			

Scheduling Information

Pickup Date Time	05/11/2023 07:48	Destination Facility Name	Buffalo Mercy Hospital
Pickup Facility Name	Kenmore Mercy Hospital	Destination	565 ABBOTT RD, ICU 14, BUFFALO, NY, 14220
Pickup Address	2950 ELMWOOD AV, ED18, TONAWANDA, NY, 14217	Address	
Pickup Location	Hospital	Destination Location	Hospital
Pickup Department	KMH EMERGENCY	Destination Department	BMH 8 ICU
Pickup Area		Destination Area	
Pickup Comments		Destination Comments	

Additional Comments**Transport Reason****Notifier Information**

Notifier Name	Katie Austin	Notifier Phone	(716)447-6122
Preferred Notification Method	Notify by Phone	Notifier Email	

Requestor Information

Requestor Name	Katie Austin	Requestor Facility	Kenmore Mercy Hospital
Requested Date Time	05/11/2023 07:48		

LOS & Clinical Information

Level Of Service	ALS (Advanced life support)	Manual LOS Override	
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LOS Override Reason**Clinical Information**

Patient is a person under investigation or confirmed case for COVID-19: No
Due to Patient Clinical condition
The patient requires ventilator during transport
Ventilator provided and operated by transport provider
Mode of Ventilation: Select one
PRVC Pressure Regulated Volume Control
Current Ventilator Settings (Select all that apply)
RR (Select one): 21 - 60 bpm
PEEP (Select one): 0 - 10 cmH2O
FiO2: 100
Tidal Volume: 480
The patient requires continuous ECG cardiac monitoring
Please select type and placement: Peripheral IV
IV Pump required
The patient requires a continuously flowing IV, IV medication or administration of blood products: Continuously flowing IV with additives or medications

Special Needs

Ventilation Management, EKG, IV Monitor, IV Pump, IV Medications



AMR OF WESTERN NY
PRE-HOSPITAL CARE REPORT SIGNATURES

CASE #: 43478

UNIT ID: NFA1-550

DATE: 05/11/2023

AMR OF WESTERN NY CREW MEMBERS

CREW 1

NAME: CATANESI, RAYMOND,AMR

NUMBER: 181106

CERTIFICATION: PARAMEDIC +



CREW 2

NAME: DYSARD, MATTHEW,AMR

NUMBER: 369505

CERTIFICATION: EMT



PCR ID: 2023051109025516305

DEVICE: NYBUFMEDT001

PRINTED: 5/11/2023 10:46:43

American Medical Response

Run Number: 43478

Patient Name: Ioan Suiugan

Destination: BUFFALO MERCY HOSPITAL, 565 ABBOTT ROAD, BUFFALO, NY 14220

Date and Time of Transport: 5/11/2023 09:02:02

I acknowledge that I am legally responsible for the ambulance services provided to me. I request and assign payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to AMR directly for any ambulance services and supplies furnished to me by AMR whether in the past, now, or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third-party payers and their respective agents and contractors, as well as AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services whether in the past, now or in the future. I agree to cooperate with AMR or its agent in collecting any such benefits and authorize AMR to file an appeal or grievance on my behalf when AMR determines my insurance has paid less than AMR's expected reimbursement for provided services. I expressly authorize AMR or its related corporate entities, associates, agents, servicers, debt collectors and independent contractors, to contact me or any responsible party at any telephone number (including numbers assigned to any paging, cellular, or mobile service, or any service which charges for the call) mailing address, or any other electronic address used by, or associated with me, or any responsible party and obtained through any source (including any telephone number, I, any responsible party, or any party accompanying me at the time of service, have provided previously or may provide in the future) for the purpose of resolving any unpaid balances or any other pertinent issues regarding this account. I expressly agree any such contact by AMR, its related corporate entities, associates, agents, servicers, debt collectors and independent contractors, may be through any means (including a dialer, automatic telephone dialing system, predictive dialer, interactive voice recognition system, pre-recorded or artificial voice, pre-set messages, or any pre-set electronic messages delivered by any other electronic messaging or text messaging system). Patient or Guarantor agrees and acknowledges any e-mail address or any other electronic address Patient or Guarantor provides to AMR is Patient's or Guarantor's private address, is not owned or furnished by their employer and cannot be accessed by unauthorized third parties. Patient or Guarantor also authorizes AMR or its agents or associates to obtain a credit report to assist in the collection of any unpaid balances. Nothing herein shall relieve me from the direct financial responsibility for any charges not paid by an insurer. I further agree to send promptly to AMR any payments that an insurer forwards to me. I ("Assignor") hereby assign to American Medical Response (AMR) all rights and privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law.

Signature of Patient

Date

REPRESENTATIVE SIGNATURE

Reason Patient could not Sign :

Signature of Representative

Printed Name of Representative

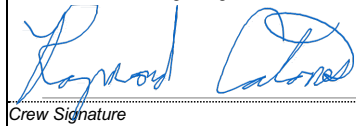
Date

FACILITY SIGNATURE

Complete this section only if you are unable to obtain the signature of the patient or authorized representative listed above.

Reason Patient could not Sign: Intubation

By signing below, I certify that the above named patient was physically or mentally incapable of signing at the time of transport and that none of the individuals listed in 42 C.F.R. §424.36(b)(1)-(3) was available or willing to sign the claim on behalf of the beneficiary.



Crew Signature

5/11/2023

Crew Date

This section is to be complete by a representative of the receiving facility, whenever you are unable to obtain the signature of the patient or an authorized representative. Note: The crew must also complete the "Crew Signature" Section above.

Name and Location of Facility BUFFALO MERCY HOSPITAL, 565 ABBOTT ROAD

The above named patient, as described by AMR, was received by our facility, which provided care or assistance to the patient, on the date and time set forth above.



Signature of Receiving Representative

5/11/2023

Date

Jennifer Smith

Printed Name of Receiving Facility Representative

Registered Nurse

Title

AMR is required to obtain this form in order to submit a claim for payment to Medicare or other third party payer. This Signature is not an acceptance of financial responsibility for the patient.

CASE #:43478
PCR ID:2023051109025516305
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PAGE 1 OF 1
PT:IOAN SUIUGAN

PRINTED:5/11/2023 10:46:43
DEVICE NAME:NYBUFMEDT001
PT # 1 OF 1:5/11/2023 10:46:43

CREW SAFETY MEASURES

Crew	Safety Measures
Crew One Safety Precautions	Surgical Mask
Crew Two Safety Precautions	Surgical Mask

PROCEDURES NOT PERFORMED

Procedure	Reason Procedure not Performed
Vascular Access	Procedure Performed PTA (see Monitor Existing Tx)
Pain Scale	Not Able
ASPIRIN 81MG Chew Tab	Not appropriate for patient condition

CHECKPOINT AUDIT TRAIL

DATE ENTERED CHECKPOINT		CASE NUMBER	DOS	TOTAL AGE(HRS)	IS TRIP IN CHECKPOINT
QUEUE NAME	TIMER ENTERED QUEUE	TIME SUBMITTED	HOURS PRESENT	SUBMITTED/MOVED BY	SUBMITTED METHOD
FIELD NAME	OLD VALUE	NEW VALUE	TIME MODIFIED	MODIFIED BY	